UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

# NOTICE OF ALLOWANCE AND FEE(S) DUE

21839

7590

01/27/2010

BUCHANAN, INGERSOLL & ROONEY PC POST OFFICE BOX 1404 ALEXANDRIA, VA 22313-1404 EXAMINER
HEINCER, LIAM J
ART UNIT PAPER NUMBER

1796 DATE MAILED: 01/27/2010

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/592,956      | 07/25/2007  | Yoshihiko Abe        | 1029650-000176      | 8661             |

TITLE OF INVENTION: ADHESION PREVENTIVE MATERIAL

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1510        | \$300               | \$0                  | \$1810           | 04/27/2010 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

### Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| appropriate. All further indicated unless correct maintenance fee notifica                                                                | correspondence includir<br>ed below or directed oth<br>tions.                                           | ng the Patent, advance on the Patent, advance on Block 1, by (                            |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                 |                                                                                                                                          | correspondence address as<br>rrate "FEE ADDRESS" for                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                           | ENCE ADDRESS (Note: Use Bl                                                                              |                                                                                           | Fee                                                                                                                                                                                                                                                                                                                                                                                        | (s) Transmittal. This co                                                                                                        | ertificate cannot be used f                                                                                                              | or domestic mailings of the<br>for any other accompanying<br>nt or formal drawing, must                                                |
| BUCHANAN, INGERSOLL & ROONEY PC<br>POST OFFICE BOX 1404<br>ALEXANDRIA, VA 22313-1404                                                      |                                                                                                         |                                                                                           | I he<br>Stat<br>addi<br>tran                                                                                                                                                                                                                                                                                                                                                               | Certific reby certify that this F es Postal Service with ressed to the Mail St smitted to the USPTO                             | eate of Mailing or Trans<br>ee(s) Transmittal is being<br>sufficient postage for fir<br>op ISSUE FEE address<br>(571) 273-2885, on the d | mission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.                        |
|                                                                                                                                           |                                                                                                         |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                 |                                                                                                                                          | (Depositor's name)                                                                                                                     |
|                                                                                                                                           |                                                                                                         |                                                                                           | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                                                                                                                                          | (Signature)                                                                                                                            |
|                                                                                                                                           |                                                                                                         |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                 |                                                                                                                                          | (Date)                                                                                                                                 |
| APPLICATION NO.                                                                                                                           | FILING DATE                                                                                             |                                                                                           | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                                                       | A                                                                                                                               | TORNEY DOCKET NO.                                                                                                                        | CONFIRMATION NO.                                                                                                                       |
| 10/592,956<br>TITLE OF INVENTION                                                                                                          | 07/25/2007<br>I: ADHESION PREVEN                                                                        | TIVE MATERIAL                                                                             | Yoshihiko Abe                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                 | 1029650-000176                                                                                                                           | 8661                                                                                                                                   |
| APPLN. TYPE                                                                                                                               | SMALL ENTITY                                                                                            | ISSUE FEE DUE                                                                             | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                                                                        | PREV. PAID ISSUE FE                                                                                                             | E TOTAL FEE(S) DUE                                                                                                                       | DATE DUE                                                                                                                               |
| nonprovisional                                                                                                                            | NO                                                                                                      | \$1510                                                                                    | \$300                                                                                                                                                                                                                                                                                                                                                                                      | \$0                                                                                                                             | \$1810                                                                                                                                   | 04/27/2010                                                                                                                             |
| EXAM                                                                                                                                      | IINER                                                                                                   | ART UNIT                                                                                  | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                             | ]                                                                                                                               |                                                                                                                                          |                                                                                                                                        |
| HEINCE                                                                                                                                    | R, LIAM J                                                                                               | 1796                                                                                      | 525-054310                                                                                                                                                                                                                                                                                                                                                                                 | -                                                                                                                               |                                                                                                                                          |                                                                                                                                        |
| "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Un                                             | ND RESIDENCE DATA<br>less an assignce is ident<br>h in 37 CFR 3.11. Comp                                | "Indication form<br>led. Use of a Customer<br>A TO BE PRINTED ON iffed below, no assignee | (1) the names of up to or agents OR, alternati (2) the name of a single registered attorney or a 2 registered patent atto listed, no name will be THE PATENT (print or type data will appear on the por a substitute for filing an (B) RESIDENCE: (CITY                                                                                                                                    | vely, e firm (having as a meagent) and the names of ranges or agents. If no aprinted.  pe) atent. If an assignee if assignment. | sidentified below, the d                                                                                                                 | ocument has been filed for                                                                                                             |
|                                                                                                                                           |                                                                                                         |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                            | •                                                                                                                               |                                                                                                                                          | oup entity Government                                                                                                                  |
| 4a. The following fee(s) are submitted:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies |                                                                                                         |                                                                                           | <ul> <li>4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).</li> </ul> |                                                                                                                                 |                                                                                                                                          |                                                                                                                                        |
| • •                                                                                                                                       | s SMALL ENTITY state                                                                                    | is. See 37 CFR 1.27.                                                                      | ☐ b. Applicant is no lon                                                                                                                                                                                                                                                                                                                                                                   | -                                                                                                                               |                                                                                                                                          | FR 1.27(g)(2).  ne assignee or other party in                                                                                          |
| interest as shown by the                                                                                                                  | records of the United Sta                                                                               | tes Patent and Trademark                                                                  | Coffice.                                                                                                                                                                                                                                                                                                                                                                                   | ne appneam, a register                                                                                                          | ed anorney of agent; of th                                                                                                               | ic assigned of other party III                                                                                                         |
| Authorized Signature                                                                                                                      |                                                                                                         |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                            | Date                                                                                                                            |                                                                                                                                          |                                                                                                                                        |
| Typed or printed name                                                                                                                     |                                                                                                         |                                                                                           | Registration No                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                 |                                                                                                                                          |                                                                                                                                        |
| an application. Confiden submitting the complete this form and/or suggest                                                                 | tiality is governed by 35 d application form to the ions for reducing this but 7 irginia 22313-1450. DO | U.S.C. 122 and 37 CFR<br>USPTO. Time will vary<br>rden, should be sent to th              | 1.14. This collection is est<br>y depending upon the indiv<br>ne Chief Information Office                                                                                                                                                                                                                                                                                                  | timated to take 12 min<br>vidual case. Any comn<br>er ILS Patent and Tra                                                        | utes to complete, includir<br>nents on the amount of tir<br>demark Office, H.S. Den                                                      | by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, |

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

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| APPLICATION NO.      | FILING DATE    | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.     | CONFIRMATION NO. |  |
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| 10/592,956           | 07/25/2007     | Yoshihiko Abe        | 1029650-000176          | 8661             |  |
| 21839 75             | 590 01/27/2010 |                      | EXAMINER                |                  |  |
| BUCHANAN, IN         | NGERSOLL & ROO | HEINCER, LIAM J      |                         |                  |  |
| POST OFFICE BOX 1404 |                |                      | ART UNIT                | PAPER NUMBER     |  |
| ALEXANDRIA, V        | /A 22313-1404  |                      | 1796                    |                  |  |
|                      |                |                      | DATE MAILED: 01/27/2010 |                  |  |

## **Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)**

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 (571)-272-4200.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Application No.                                                                                                                                                               | Applicant(s)                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10/592,956                                                                                                                                                                    | ABE ET AL.                                                                                   |
| Notice of Allowability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Examiner                                                                                                                                                                      | Art Unit                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Liam J. Heincer                                                                                                                                                               | 1796                                                                                         |
| The MAILING DATE of this communication appeal all claims being allowable, PROSECUTION ON THE MERITS IS herewith (or previously mailed), a Notice of Allowance (PTOL-85) NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (OR REMAINS) CLOSED in this or other appropriate communicat GHTS. This application is subject                                                                                 | application. If not included ion will be mailed in due course. <b>THIS</b>                   |
| 1. This communication is responsive to <u>11/5/09</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                               |                                                                                              |
| 2. The allowed claim(s) is/are 21 and 23-34.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                               |                                                                                              |
| <ul> <li>3.  Acknowledgment is made of a claim for foreign priority ur</li> <li>a)  All b)  Some* c)  None of the:</li> <li>1.  Certified copies of the priority documents have</li> <li>2.  Certified copies of the priority documents have</li> <li>3.  Copies of the certified copies of the priority documents have</li> <li>International Bureau (PCT Rule 17.2(a)).</li> <li>* Certified copies not received:</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | been received. been received in Application Nocuments have been received in the                                                                                               | is national stage application from the                                                       |
| Applicant has THREE MONTHS FROM THE "MAILING DATE" noted below. Failure to timely comply will result in ABANDONN THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | IENT of this application.                                                                                                                                                     |                                                                                              |
| <ol> <li>A SUBSTITUTE OATH OR DECLARATION must be subm<br/>INFORMAL PATENT APPLICATION (PTO-152) which give</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               |                                                                                              |
| 5. ☐ CORRECTED DRAWINGS ( as "replacement sheets") mus  (a) ☐ including changes required by the Notice of Draftspers  1) ☐ hereto or 2) ☐ to Paper No./Mail Date  (b) ☐ including changes required by the attached Examiner's Paper No./Mail Date  Identifying indicia such as the application number (see 37 CFR 1 each sheet. Replacement sheet(s) should be labeled as such in the deposition of the de | con's Patent Drawing Review (PT<br>s Amendment / Comment or in the<br>.84(c)) should be written on the dra<br>he header according to 37 CFR 1.13<br>sit of BIOLOGICAL MATERIA | e Office action of wings in the front (not the back) of 21(d). L must be submitted. Note the |
| attached Examiner's comment regarding REQUIREMENT  Attachment(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FOR THE DEPOSIT OF BIOLOG                                                                                                                                                     | ICAL MATERIAL.                                                                               |
| 1. ☐ Notice of References Cited (PTO-892)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5. Notice of Informa                                                                                                                                                          | l Patent Application                                                                         |
| 2. Notice of Draftperson's Patent Drawing Review (PTO-948)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6. ☐ Interview Summa<br>Paper No./Mail                                                                                                                                        | ary (PTO-413),<br>Date                                                                       |
| 3. Information Disclosure Statements (PTO/SB/08),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7. Examiner's Ame                                                                                                                                                             | ndment/Comment                                                                               |
| Paper No./Mail Date <u>11/5/09</u> 4. ☐ Examiner's Comment Regarding Requirement for Deposit of Biological Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8. 🛛 Examiner's State                                                                                                                                                         | ment of Reasons for Allowance                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9.                                                                                                                                                                            |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | /Mark Eashoo/                                                                                                                                                                 |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Supervisory Patent I                                                                                                                                                          | Examiner, Art Unit 1796                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                               |                                                                                              |

### Allowable Subject Matter

Claims 21 and 23-34 allowed.

The following is an examiner's statement of reasons for allowance: The prior art does not teach or suggest using the claimed dextrin derivative in the claimed process of preventing biological adhesion at a biological site. The closest prior art, Pressato et al. (WO 9707833) teaches a method for preventing adhesion (title) comprising providing a polysaccharide derivative containing active ester groups on the side chain and hydroxyl groups in the same molecule or in a second polysaccharide molecule capable of reacting with the ester group, and crosslinking the polymer by forming ester bonds between the activated ester and the hydroxyl group (14:1-18). Pressato et al. teaches the crosslinking as occurring in the presence of a base/under alkaline conditions (19:15-24). Pressato et al. also teaches that the crosslinked polymer prevents adhesion in biological sites (Study 4). However, Pressato et al. does not teach or suggest using a dextrin derivative as hyaluronic acid is the preferred polysaccharide in the reference (title). Della Valle et al. (US Pat. 5,676,964) teaches a self-crosslinking polysaccharide but is silent towards dextrin derivatives. Conroy (EP 1248636) teaches using dextrin to prevent adhesions. However, the reference does not teach crosslinking a derivative of dextrin under alkaline conditions. Based on the prior art of record, there is no teaching or suggestion to use the claimed dextrin derivative in the claimed process.

Any comments considered necessary by applicant must be submitted no later than the payment of the issue fee and, to avoid processing delays, should preferably Application/Control Number: 10/592,956 Page 3

Art Unit: 1796

accompany the issue fee. Such submissions should be clearly labeled "Comments on Statement of Reasons for Allowance."

### Correspondence

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Liam J. Heincer whose telephone number is 571-270-3297. The examiner can normally be reached on Monday thru Friday 7:30 to 5:00 EST.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Mark Eashoo can be reached on 571-272-1197. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/Mark Eashoo/ Supervisory Patent Examiner, Art Unit 1796

LJH January 7, 2010 Application/Control Number: 10/592,956

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